

**Monadnock Regional School District  
Tuition Reimbursement**

Name \_\_\_\_\_ School/Position \_\_\_\_\_ Date \_\_\_\_\_

**Please Provide:**

Educational Institution: \_\_\_\_\_

Name of course(s): \_\_\_\_\_

Number of credit(s): \_\_\_\_\_

Cost per credit: \_\_\_\_\_

Requested amount: \_\_\_\_\_

**Please Attach:**

- Proof of payment**
- Proof of registration**
- Detailed bill from school**
- Proof of grades when received**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAU Office use only**

Amount approved: _____	
Charge to account number: _____	
Dir. Curr, Inst, Assmt signature: _____	Date _____
Business Administrator signature: _____	Date _____